

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(703) 746-4000

or **FAX**

INSTRUCTIONS: This form should be used for transmitting the **ISSUE FEE** and **PUBLICATION FEE** (if required). Blocks 1 through 3 should be completed where the fee(s) Transmittal is being deposited with the current correspondence address as indicated below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Please use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being otherwise transmitted to the USPTO (703) 746-4000, on the date indicated below.

BAXTER HEALTHCARE CORPORATION
ONE BAXTER PARKWAY
DF2-2B
DEERFIELD, IL 60015

12/15/2004 SFELEKE2 00000053 021440 10006882

01 FC:1501 1400.00 DA
 02 FC:1504 10006882
APPLICATION NO. 10006882 **FILING DATE** 12/10/2001 **FIRST NAMED INVENTOR** Heidi Meyer **ATTORNEY DOCKET NO.** V-261.00 **COMPREHENSION NO.** 2886

TITLE OF INVENTION: METHOD OF LARGE SCALE PRODUCTION OF HEPATITIS A VIRUS

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE PAID
nonprovisional	NO	\$1400	\$300	\$1700	01/06/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
CHEN, STACY BROWN	1648	435-23100			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**Townsend and Townsend
 and Craz LLP**

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation to set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Baxter Healthcare S.A.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Zurich, Switzerland

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☐ The Director is hereby authorized by check the required fee(s), or credit any overpayment, to Deposit Account Number **07-1440** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Patrick S. Eagleton

Date

12/9/04

Registration No.

44,665

Typed or printed name

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Fees will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 09/04) Approved for use through 04/30/2007.

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Facsimile Cover Sheet

To: Mail Stop Issue Fee
Company: USPTO
Phone:
Fax: (703) 746-4000

From: Debbie Johnson
Legal Assistant

Company: Baxter Healthcare Corp.
P. O. Box 15210
Irvine, CA 92623-5210
Phone: (949) 474-6430
Fax: (949) 474-6330

Date: December 13, 2004

Pages including this cover page: 3

Re: Form PTOL-85, Part B – Fee Transmittal (in duplicate) for
U.S. Serial No. 10/006,882 filed 12/10/2001
Baxter Docket No. V-261.00

Certificate of Facsimile Transmission

I hereby certify that the above-identified document is being transmitted (in duplicate) by facsimile to: Fax No. (703) 746-4000 – Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 13, 2004.

By 
Debbie Johnson

This message is intended only for the use of the addressee, and may contain information that is privileged and confidential under applicable law. If the reader is other than the intended recipient, or employee of the same, you are hereby notified that any dissemination, distribution or copying of this document is prohibited. If you have received this facsimile in error please notify the sender immediately for instructions on disposal of this document. Thank you.